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CONFIRMATION NO. 7695

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|------------------------------------|---|---------------------|-------------------------------|--|
| <b>SERIAL NUMBER</b><br>10/624,941 | <b>FILING OR 371(c) DATE</b><br>07/21/2003<br><b>RULE</b> | <b>CLASS</b><br>713 | <b>GROUP ART UNIT</b><br>2132 | <b>ATTORNEY DOCKET NO.</b><br>3000683-7035332001 |
|------------------------------------|---|---------------------|-------------------------------|--|

**APPLICANTS**  
 Michael Xie, Palo Alto, CA;

**\*\* CONTINUING DATA \*\*\*\*\***  
 This appln claims benefit of 60/397,147 07/19/2002 and claims benefit of 60/397,304 07/19/2002  
 and claims benefit of 60/397,033 07/19/2002  
 and claims benefit of 60/397,302 07/19/2002 *BB 10/16/2006*  
 and claims benefit of 60/397,034 07/19/2002

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *none BB 10/16/2006*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
**\*\* 10/22/2003**

|  |  |                               |                            |                           |                                |
|--|--|-------------------------------|----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met<br>Verified and Acknowledged | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>Allowance <i>BB</i><br>Examiner's Signature <i>BB</i> Initials <i>BB</i> | <b>STATE OR COUNTRY</b><br>CA | <b>SHEETS DRAWING</b><br>9 | <b>TOTAL CLAIMS</b><br>31 | <b>INDEPENDENT CLAIMS</b><br>6 |
|--|--|-------------------------------|----------------------------|---------------------------|--------------------------------|

**ADDRESS**  
23639

**TITLE**  
Managing network traffic flow

|                                   |   |   |
|-----------------------------------|---|---|
| <b>FILING FEE RECEIVED</b><br>678 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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